

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-015946

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 2318

STATE FILE NUMBER

FILED MAY 6 1963

1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY JACKSON	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN K.C. McPherson City		c. CITY OR TOWN K.C. Kansas City	
Length of stay in 1b 9 YRS.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 1518 E. 12th St.		d. STREET ADDRESS (If outside, give location) 1707 E. 35th St.	
3. NAME OF DECEASED (Type or print) First Middle Last DOROTHY MAE BROWN		4. DATE OF DEATH Month Day Year 4 16 63	
5. SEX FEMALE	6. COLOR OR RACE NEGRO	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 4-24-1939 25 YRS
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) LAUNDRIESS		10b. KIND OF BUSINESS OR INDUSTRY LAUNDRY	
11. BIRTHPLACE (City and state or country) MINNIEFEE, ARK.		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME SIM. BROWN		13b. MOTHER'S MAIDEN NAME FANNIE MAE HOOD	
14. NAME OF HUSBAND OR WIFE NONE		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of) NO	
16. SOCIAL SECURITY NO.		17. INFORMANT JAMES BROWN 1218 PARK, K. C., Mo.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Hemorrhagic Shock DUE TO (b) Internal Hemorrhage DUE TO (c) Multiple Penetrating Gunshot Wounds of Body.		INTERVAL BETWEEN ONSET AND DEATH	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input checked="" type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY 12:05 p.m.	Month, Day, Year K 1/16/63		
20d. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 1518 E. 12th St.	20f. CITY, TOWN, OR LOCATION Kansas City, Jackson, Mo	
21. I attended the deceased from _____ to _____ and last saw her alive on _____ Death occurred at _____ on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE J. McTillman M.D. Deputy Coroner		22b. ADDRESS 1618 India Ave.	
22c. DATE SIGNED 4/16/63			
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE 4-22-63	23c. NAME OF CEMETERY OR CREMATORY Highland	
23d. LOCATION (City, town, or county) KANSAS CITY, MO.			
24. FUNERAL DIRECTOR MRS. C.E. DAVIS	ADDRESS K.C., Mo.	25. DATE RECD. BY LOCAL REG. 4-18-63	26. REGISTRAR'S SIGNATURE Ruth Long

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK

OR

TYPEWRITER RIBBON

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Rev. 4/59

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STATEMENT BY LICENSED EMBALMER

E-1P

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed John R. Sedmon

Licensed Embalmer No. 4531

P. O. Address Kansas City, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.